



HOUSE OF REPRESENTATIVES / SESSION EMPLOYMENT

Please Complete Both Sides of This Application

Date

Social Security number (required)

Full Name (First, Middle initial, Last)

Phone number

Address

City

State

Zip code

EMPLOYMENT HISTORY:

Resume Attached ____ Yes ____ No

Present or Last Employer		Employer's Address		Employer's Phone Number ()	
Your Title		Months & Years Employed in this Position From / to /		Total Months	Avg Hrs Per Wk
Immediate Supervisor's Name	Reason for Leaving		Volunteer (✓)	Full Time Mos. Equiv.	Employment Verified

Specific Duties

References

1. (name) (address) (telephone)
2. (name) (address) (telephone)
3. (name) (address) (telephone)

Previous legislative sessions worked: House _____ Senate _____

Job(s) held: _____

LEGISLATIVE POSITION APPLIED FOR:

(mark one or more categories. Indicate order of preference by numbering.)

() Information Specialist: Document electronic phone messages for Legislators; prepare, print and distribute Legislative documents; research questions through the web, phone and at counter.

() Committee Legislative Asst.: Provides clerical and administrative support to nonpartisan research staff and House committees. Duties include recording committee meetings; maintaining committee records; tracking bills; word processing; and answering phone calls. Necessary skills include proficiency in use of WordPerfect, Microsoft Outlook, and Internet Explorer.

() Security (Experience preferred)

- ☐ law enforcement
☐ emergency responder

() Committee Clerk: Provides support to Committee Legislative Assistant. Duties include copying, organizing, assembling, and maintaining research documents and committee files and assisting staff during committee meetings.

() Restricted Parking Enforcement

() Janitor (Swing/Graveyard shift only)

In signing this application, I give the House permission to conduct a full and complete review of my background including employment, driving and criminal records.

Office of the Chief Clerk – House of Representatives, Legislative Building
Olympia, Washington 98504-0600

Session employees may be required to work some evenings and weekends. No overtime is paid.

SIGNATURE - All answers and statements are true and complete to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or termination of employment.

X

Date:

*Current employees or those who have been employed as a Legislative/Administrative Assistant will be evaluated based on their work and salary history. Office of Chief Clerk (Rev. 8/04)

HOUSE OF REPRESENTATIVES

Full Name (First, Middle initial, Last)

Social Security # (required)

Position Applied for

EMPLOYMENT HISTORY CONT.

Present or Last Employer		Employer's Address		Employer's Phone Number ()	
Your Title		Months & Years Employed in this Position From / to /	Total Months	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving		Volunteer (✓)	Full Time Mos. Equiv.	Employment Verified
Specific Duties					

Present or Last Employer		Employer's Address		Employer's Phone Number ()	
Your Title		Months & Years Employed in this Position From / to /	Total Months	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving		Volunteer (✓)	Full Time Mos. Equiv.	Employment Verified
Specific Duties					

** Use separate sheet for additional employment history*

FOREIGN LANGUAGE

- ☐ 1. Speak fluently: _____
- ☐ 2. Speak and write fluently: _____
- ☐ 3. Translator: _____
- ☐ 4. Interpreter: _____

EDUCATION

Are you a high school graduate or have you passed a general education development (GED) test? Yes ____ No ____

If no, HIGHEST GRADE COMPLETED: _____

List post high school training, including college, business school, military training, and other relevant education.

If more space is needed, copy this blank form or attach additional sheets.

School Name and Location	Month and Year Attended	Credits Earned			Major	Type or Degree Awarded	Year Degree Received	Educ. Verified
		Quarter	Semester	Other (Specify)				
1	From / To /							
2	From / To /							
3	From / To /							

Are you related to any member or employee of the House of Representatives? Yes ____ No ____ Relationship _____

Have you been convicted of a gross misdemeanor or felony within the past seven (7) years? Yes ____ No ____ (If yes, give date, place, and explanation _____)

(A conviction record will not necessarily bar employment.)

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Office of Chief Clerk (Rev. 8/04)